

information is supplied on the problems of paracentesis, spontaneous bacterial peritonitis and encephalopathy. Little emphasis is put on the more technical aspects of sclerotherapy and most weight is laid on the description of the principles and practical details of transjugular intrahepatic portosystemic shunt insertion. Nearly 50% of pages deal with this topic, giving extensive and very comprehensive information on its historical development, indications, interventional insertion techniques, radiographic monitoring, complications, stenosis and occlusion, rates of revision and long-term follow-up. Most of the illustrations (angiograms, CT-scans) are found in this chapter. Furthermore, an extra chapter discusses the impact of TIPS on surgical problems during liver transplantation.

The order of surgically related topics is structured according to the logic that the least-invasive surgical procedure adequate to treat the patient's problem should be chosen within the context of the patient's likelihood of long-term survival. Patient selection, pre-operative evaluation for various types of shunts and details of surgical techniques are described and illustrated with drawings. There is descriptive coverage of the local centre experience (University of Wisconsin), while little effort has been made to give information on comparative results from other series. The chapter on peritoneovenous shunting summarises existing experience with this technique and the fact that not much progress was achieved in this field during the last decade is reflected in the references. Description of devascularisation procedures is limited to the Sugiura procedure, while the analysis of results and indications with this specific strategy is extensive. Liver transplantation, the most definite current therapeutic approach with good long-term results, is only briefly covered (28 pages). Information on general principles and immunological considerations is given, without detailed focus on surgical aspects of this complex procedure or referring to newer developments (living related transplantation, portocaval transposition etc.). In the final chapter, the editing author tries to integrate the large variety of therapeutic options and aims to define a multidisciplinary approach to the management of portal hypertension, emphasising literature-based evidence by meta-analysis, not centre-specific philosophy.

There is some heterogeneity concerning the scientific and technical depth of contents on the different fields covered and also some redundancy, particularly in the introductory parts of various chapters, written by different authors. Some chapters, which primarily focus on surgical aspects, do not contribute anything

to existing textbooks and atlas publications available on the subjects. This is particularly true for liver transplantation, where a more comprehensive coverage is probably beyond the scope of such a publication. On the other hand, readers, who want to get insight and overview in the process of interdisciplinary decision-making and the resulting algorithms for the therapy of portal hypertension will find the compact and integrated concept of the book useful and informative. This may be particularly the case for surgeons, who are aware of current surgical strategies and their inherent limitations, but are not as familiar with details of TIPS procedures.

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### **The Durability of Vascular and Endovascular Surgery**

Greenhalgh, R. M., ed.

WB Saunders, 1999.

524 pages; Price £75.

This book aims to provide an update on the durability of current vascular and endovascular procedures. It also includes chapters focusing on life expectancy of patients with vascular diseases. Great relevance is given to data from population-studies and national registries: the pitfalls and the limit of these studies are examined in patients with abdominal aortic aneurysm and peripheral vascular disease. Moreover, in the section dedicated to peripheral vascular disease, methodological issues related to follow-up in collecting and reporting data are analysed.

A significant section of the book is dedicated to abdominal aortic aneurysm endoluminal repair. This section includes recent data from large studies and national registries, and biophysical information in vascular prosthesis design. With respect to durability of endovascular aortic procedures, some emerging problems outlined in the recent literature are related to structural changes, material fatigue, graft deformation and migration. Possible solutions to these problems are proposed in this section. Due to shortness of follow-up data reported, it seems premature to define the late outcomes of endovascular aortic treatment in this section of the book. However, the data on perioperative (6.3%) and late mortality (8.6% at one year for patients fit for surgery and 31.6% for patients unfit for surgery) of abdominal endovascular procedures are definitely disturbing.

In the chapters on peripheral vascular disease, I particularly liked the chapter on subintimal angioplasty, proposed as an alternative technique to the more common transluminal angioplasty for infra-inguinal occlusive disease. However, it should be noted that the results are based on a single-centre retrospective series. Interesting data are also reported on the clinical effectiveness and durability of iliac angioplasty and stenting. Unsatisfactory late results are showed for claudicants, outlining once again the difficulties in management of intermittent claudication. In this section of the book, the majority of chapters have a detailed methodological structure, reporting cumulative data, Kaplan–Meier analysis, details on study design.

In the carotid section, the use of bovine pericardial patching or saphenous bypass are reported. However, retrospective evaluation of cases undergoing revascularisation with bovine patch, lack of inclusion criteria and type of randomisation on the carotid bypass study and lack of actuarial data on restenosis render this section incomplete. Finally, a section of the book is reserved for drug therapy. A comprehensive review of pharmacological manipulations aimed to improve durability of vascular procedures (antiplatelets, anticolagulants, lipid-lowering) is presented.

In summary, the textbook provides the vascular surgeon with a useful update on some of the most relevant challenges in vascular and endovascular surgery. It could be a helpful reference for experienced vascular surgeons but also for specialists involved in endovascular management, including radiologists, cardiologists and general surgeons.

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### **Atrium Patient Database Software**

Developed by Russell Samson.

Price: unspecified.

This program provides a fairly intuitive windows interface for keeping a registry of patients, with a number of entry forms. The first of these is a patient

demographic form, which will keep the usual demographic details. There are then the further separate sub-forms, which allow information to be kept about sources of referral, operations and individual procedures within particular operations and follow-up or deaths etc. There is a separate section which allows the analysis of the data, including the production of reports and calculation of life-table analyses, limb salvage etc. The report forms for each test are very comprehensive, but many of the measurement fields would not be used, which makes for an untidy system which may be awkward to use.

In the current format the terminology and fields used are very much designed to reflect the American situation. For example, with the patient registry the usual American conventions for two-letter state abbreviations and zip codes are used and there is a single patient identity number with no provision for National Health Service numbers. Similarly, the other forms tend recently to use American terminology and, unless they have been updated, codes for diagnosis are based on ICD 9, rather than the current ICD 10.

From the practical point of view, although we think this may be good software for a stand-alone system for a vascular unit, we do not think it would have wide application to the British market without the ability to adapt it considerably and link it to existing hospital systems. For example, it does not appear to generate discharge summaries or make appointments, and we could see no facilities for importing or exporting data or linking it to other systems. It is also quite inflexible, in that we could not see any simple way of adding or removing fields or altering the formatting. In most circumstances, we would wish any such system to be adaptable to add information about research or special interests or to make queries of data in different formats.

In summary, we feel that if an Anglicised version of the system were available then it might be a reasonable stand-alone system to be used by a unit with fairly limited needs for the registry of information, although we think it unlikely that in most hospital settings, within the U.K., it would meet the necessary information requirements.

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